

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 091265819 FILING DATE 3-10-99  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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50						
TOTAL IND.	3		3			
TOTAL DEP.	13		3			
TOTAL CL.	16		6			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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